

CITY OF SAINT PAUL Mayor Christopher B. Coleman **OPERATIONS:** 651-643-3473 **PARK PERMITS:** 651-632-5111 **FORESTRY:** 651-632-5129 **FACSIMILE:** 651-632-5115 1100 Hamline Avenue North Saint Paul, Minnesota 55108 www.stpaul.mn.us/parks ParksPermits@ci.stpaul.mn.us

# ANNUAL ICE CLIMBING PERMIT for Ice Climbing in City of Saint Paul Parks from November 1, 2011 through March 31, 2012

-irst Name:		Last Name:	Last Name:			
Address:		City:	State:	Zip Code:		
Felephone Number:		Fax:	Email Addres	Email Address:		
THIS PERMIT IS ISSUED SUBJECT TO THE FOLLOWING CONDITIONS:						
2. 3. 4. 5.	A non-refundable annual permit (November 1 through March 31) fee of \$25.00 per person must be paid prior to any ice climbing.  Make your check payable to the City of Saint Paul. (Cash and credit card payments are also accepted in our Park Permit Office.)  Send your payment and completed form to the Park Permit Office and a signed copy will be sent back to you.  All signatures (participant and city's) must be on permit for it to be valid.  The permit must be carried with you while ice climbing.  The City retains the right to rescind permit or prohibit ice climbing at any time it deems necessary. Completion of WAIVER AND RELEASE OF LIABILITY must be signed.					
		wish to parti ilydale Brickyards, Crosby Park, and derstand the following:	cipate in the recreation Shadow Falls Park in			

### **PARTICIPANT ASSUMES RISK**

The undersigned (or his/her parent or guardian, if the undersigned is a minor) understands the inherent risks and dangers of participation in this type of activity and the potential for injury that exists, and agrees to assume all risk of and responsibility for personal injury or death to, or damage to or loss of property of, the undersigned arising from, based upon or relating to participation in the ice-climbing activity. The undersigned further states that he/she is in good physical condition, is physically fit to participate in this activity and is not subject to any medical condition that poses or may pose any risk of harm or disability to others.





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### RELEASE FROM LIABILITY AND COVENANT NOT TO SUE

The undersigned (or his/her parent or guardian, if a minor) understands that he/she is waiving all rights, causes of actions, suits or claims that may be brought by them or their representative against the City of Saint Paul, the Saint Paul Parks & Recreation Department, their representatives, employees, public officials or agents, based upon or relating to personal injury or death to, or damage to or loss of property sustained in connection with the undersigned's participation in the activity, excepting only claims which arise from the intentional or willful misconduct of the City, its employees, officers, directors or agents.

#### **GOVERNING AUTHORITY**

This Release shall be governed by and construed in accordance with the laws of the State of Minnesota, without reference to the conflict of law provisions thereof and the Participant or his/her parent or guardian hereby consents to venue and personal jurisdiction in the district court of the State of Minnesota. If any portion of this Release shall be held invalid or unenforceable, the remaining portion hereof shall not be affected thereby and shall remain in full force and effect.

Name of Participa	nt (Please Print)	_	
Signature of Partic	cipant		
Name of Parent or (Required if Partic	r Guardian pipant is younger than 18 years old		
Signature of Parer	nt or Guardian		
FOR OFFICE HOL	- ONLY		
FOR OFFICE USE	Approved By:	epartment of Parks and	Recreation
Cash \$	Credit Card Type:	Check #	Amount \$